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I. TITLE OF REP	ORT (If	a fi	-i	in report	include	For	rm No	.)	· · · · · · · · · · · · · · · · · · ·			2. TYPE	x	STATIS	TICAL	
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3. FUNCTIONAL AREA			LOGISTICS				TRAINING SECURITY			<u> </u>	ADMIN. GENERAL OTHER (specify)					
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4. NO. OF COPIES PREPARED				5. FREQUENCY (weekly,				monthly, quarterly, etc.) 6			6. D	o DISTRIBUTION (No. of components not number of copies)				
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7. FORMAT (memorandum, form computer print-out, etc)							9. DIRECTIV			VE AUTHORI	TY RE	Onlutiv	REPORT			
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12. COST FACTORS																
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